

3/01/2001

1701

INDICATIONS

PRAZOLAM (XANAX) 1MG TAB

TAKE 1 TABLET(S) BY MOUTH 3 TIMES DAILY AS
 PRESCRIBED FOR 60 DAYS

100

X: 2163023 LINDEMUTH, PSYCH, ANGELA, PY

TART - 09/23/2001 912 STOP - 11/21/2001

OXEPIN (SINEQLAN-ADAPIN) 50MG CAP

TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR

9 DAYS

2143027 LINDENUTH, PSYCH, ANGELA, PY

TART - 09/23/2001 9/2 STOP - 11/21/2001

TOLNASTATE 1st or
APPLY BID

Q. 25 Q. nr 730 D

De Bux JTT IV AU
BID

0-25 VSD

Matthew 6:11
it is Q10 per

10-25 2 NF x 300

MEDICATIONS

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR

10/01/2001

THROUGH

10/31/2001

Telephone No.

Medical Record No.

Physician : LINDERUTH, PSYCH, ANGELA

II. Physician

Alt. Telephone

NO KNOWN DRUG ALLERGY

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

Date _____

EDICATION ADMINISTRATION RECORD

(ALBI-263) ALBION CORRECTIONAL

11/2001

T01

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
PERDAL (RISPERIDONE) 1MG TAB																																
1 TABLET(S) BY MOUTH TWICE DAILY																																
STIFICATION APPROVED UNTIL- 3.15.02																																
1613788 BASHLINE, D.O.; DAVID, DO																																
RT - 03/16/2001 - STOP - 03/13/2002																																
EPIN (SINEQUAN-ADAPIN) 50MG CAP																																
1 CAPSULE(S) BY MOUTH AT BEDTIME FOR																																
DAYS 1-7																																
1966264 BESNER, PSYCH, LANCE, PY																																
RT - 07/28/2001 - STOP - 10/04/2001																																
Xanax 1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																
1mg po BID																																

MEDICATION ADMINISTRATION RECORD

01/2001

(ALBI-283) ALBION CORRECTIONAL

DT01

EDICATIONS HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

PERDAL (RISPERIDONE) 1MG TAB

E 1 TABLET(S) BY MOUTH TWICE DAILY

JUSTIFICATION APPROVED UNTIL 3.15.02

1613988 BASHLINE, D.O., DAVID, DO

RT - 03/16/2001 STOP - 03/15/2002

EPIN (SINEQUAN-ADAPIN) 50MG CAP

E 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR

DAYS 7 days

1966264 BESNER, PSYCH. LANCE, PY

RT - 07/20/2001 STOP - 10/04/2001

Xanax 1mg po BID

PRN

x 77 days

Motrin 800mg po QID x 24 days

8/25

Ice to @ Hand QID PRN

9/25

Ice to @ Hand

QID PRN

10/27

TYL # 3 1/2 po

QID PRN

10/27

IBuprofen 800 po TID E Food PRN

10/27

x 77 days

EDICATIONS HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

STARTING FOR 08/01/2001 THROUGH 08/31/2001

Physician BESNER, PSYCH. LANCE

t. Physician

Allergies NO KNOWN DRUG ALLERGY

Telephone No.

Alt. Telephone

Rehabilitative Potential

Medical Record No.

agnosis

Medical Number

Medicare Number

Complete Entries Checked

Title

Date

EXHIBIT D



Millcreek
Community
Hospital

MEDICAL RECORDS
EMERGENCY ROOM / OUTPATIENT

AUTHORIZATION ON REVERSE SIDE PAT # 1055553 HOUSE PHYSICIAN: FERRIE, PAUL D. D.

LAST NAME GREEN, TYRONE	FIRST NAME TYRONE	MIDDLE NAME ALBION	HOME PHONE 756-9722	DATE AND TIME 082701 01:17pm	EMERGENCY ROOM NO. 139918
ADDRESS 10745 RT 18	CITY ALBION	STATE PA	ZIP 16475	AGE 31	DATE OF BIRTH 01/23/70
PATIENT'S EMPLOYER UNEMPLOYED	GUARANTOR'S EMPLOYER UNEMPLOYED	GUARANTOR/NEAREST RELATIVE ALBION STATE PRISON GUARDIAN	ADDRESS 10745 RT 8 ALBION, PA 16401	PHONE 756-9772	COMPENSATION N
SUB NAME & REL. TO PATIENT			CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)	GROUP NAME - NO.	F.C. INS. CODE
SUB NAME & REL. TO PATIENT			CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)	GROUP NAME - NO.	F.C. INS. CODE

EMERGENCY ROOM ☒ OUTPATIENT ☐ FAMILY PHYSICIAN **BAKER, MARK D. D.D.** BROUGHT BY **AMBULATORY**

BRIEF HISTORY: CHIEF COMPLAINT: (IF ACCIDENT, STATE WHEN, WHERE, AND HOW INJURED) **Slipped coming out of Shower + Sustained injury to Rt Hand 7:00 PM 9/5/01**

ALLERGIES **NKA** LAST TETANUS TOXOID: **8/15/00**

MEDICATIONS **Xanax, Lequane** NOTIFIED: **C-706**

NURSE'S SIGNATURE: **[Signature]** CONDITION ON ADMISSION:

PHYSICIAN'S REPORT TIME EXAMINED: **31:40** PHYSICIAN: **RHD M**

PHYSICAL FINDINGS: **ORTHO NOTE: 31:40 RHD M, prisoner, fell 2 d ago + prison. Pain + swelling (Rt) hand. Xray taken in prison (Rt) (Rt) ring finger MC + amputation base small f. MC. PE: (Rt) hand swelling / painful Moves digits (Rt) capillary refill**

PHYSICIAN'S ORDER: **(Rt) NUI XRay: reviewed / as above Imp: OFx / displaced (Rt) ring finger prox MC (Rt) thumb fx (Rt) small finger MC base**

TREATMENT/PROCEDURES	TIME	TEMP. R.O.A.	P	R
Volar gutter splint	14:00	96.1	76	18
Sling				
F/U app. 9/5/01 @ 14:15				
2 Bwlin J				

DIAGNOSIS:

RX GIVEN

REFERRED TO:

FURTHER DISPOSITION

ATTENDING PHYSICIAN

CONDITION ON DISCHARGE:

D.O. **5-27-01** DATE **1545** TIME **AM**

0000003

CONSENT FORM**MILLCREEK COMMUNITY HOSPITAL, 5515 PEACH STREET, ERIE, PA 16509**

CONSENT TO HOSPITAL CARE: THE UNDERSIGNED PATIENT PRESENTS HERSELF/HIMSELF FOR ADMISSION TO MILLCREEK COMMUNITY HOSPITAL ('HOSPITAL') OR EMERGENCY/OUTPATIENT CARE AND VOLUNTARILY CONSENTS TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL, AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES. THE UNDERSIGNED PATIENT ACKNOWLEDGES THAT NO GUARANTEES HAVE BEEN MADE AS TO THE EFFECT OF SUCH EXAMINATIONS OR TREATMENT ON MY CONDITION. DIAGNOSIS AND TREATMENT MAY, AT TIMES, INVOLVE DISCOMFORTS AND RISK OF INJURY. EACH PATIENT HAS THE RIGHT TO CONSENT TO, OR TO REFUSE, ANY PROPOSED PROCEDURE OR THERAPEUTIC COURSE. THE PATIENT'S HOSPITAL CARE IS DIRECTED BY HIS/HER ATTENDING PHYSICIAN. SINCE THE HOSPITAL IS A TEACHING HOSPITAL, PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS IN TRAINING MAY ATTEND PATIENTS OR BE PRESENT DURING PATIENT CARE AS PART OF THEIR EDUCATION.

RELEASE OF INFORMATION: THE HOSPITAL MAY DISCLOSE PATIENT INFORMATION IT DEEMS APPROPRIATE TO ANY PERSONS OR CORPORATION WHICH IS OR MAY BE LIABLE UNDER A CONTRACT TO THE HOSPITAL OR TO THE PATIENT OR TO A FAMILY MEMBER OR EMPLOYER OF THE PATIENT FOR ALL OR PART OF THE HOSPITAL'S CHARGE. AT THE REQUEST OF THE PATIENT'S INSURANCE COMPANY OR OTHER PERSON OR COMPANY UNDER CONTRACT TO PAY ALL OR PART OF THE HOSPITAL'S CHARGES, THE MEDICAL RECORD WILL BE CONFIDENTIALLY REVIEWED BY PHYSICIANS OR THE DESIGNEES TO DETERMINE THE NEED FOR HOSPITALIZATION. PAYMENT BY THE INSURANCE COMPANY, OR OTHER PERSON UNDER OBLIGATION BY CONTRACT TO MAKE PAYMENT, MAY NOT BE MADE IF NO NEED FOR HOSPITALIZATION IS FOUND.

HOSPITAL ADMISSION: SHOULD A SURGICAL PROCEDURE BE PERFORMED ON AN ELECTIVE EMERGENCY OR OUTPATIENT BASIS, THE UNDERSIGNED PATIENT UNDERSTANDS THAT ADMISSION TO THE HOSPITAL AS AN INPATIENT FOLLOWING THIS PROCEDURE MAY IN SOME CIRCUMSTANCES BE DEEMED APPROPRIATE FOR OPTIMAL RECOVERY. IN THAT EVENT, THE UNDERSIGNED PATIENT AUTHORIZES THE HOSPITAL, ITS REPRESENTATIVES AND DESIGNATED PHYSICIANS, TO MAKE THAT DETERMINATION BASED ON THEIR BEST PROFESSIONAL JUDGMENT AND TO ADMIT THE UNDERSIGNED PATIENT TO THE HOSPITAL.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING CONSENT OR THAT THE FOREGOING CONSENT HAS BEEN READ TO HIM OR HER IN HIS PRIMARY LANGUAGE AND HAS BEEN EXPLAINED, AND THAT THE UNDERSIGNED IS SATISFIED THAT HE/SHE UNDERSTANDS THE CONTENT AND SIGNIFICANCE OF THE FOREGOING.

(X) [Signature]
(PATIENT SIGNATURE)

108-27-01
(DATE)

____ AM / PM
TIME(CIRCLE ONE)

LB
(WITNESS)

BECAUSE THE PATIENT IS AN UNEMANCIPATED MINOR, OR IS UNABLE TO SIGN, THE ABOVE CONSENT IS GIVEN ON THE PATIENT'S BEHALF BY THE UNDERSIGNED.

(WITNESS)

X
(CLOSEST RELATIVE OR LEGAL GUARDIAN)

(DATE)

TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

RESPONSIBILITY FOR DISCHARGE: I AM VOLUNTARILY LEAVING AND SIGNING OUT FROM THE MILLCREEK COMMUNITY HOSPITAL AGAINST THE ADVICE OF MY PHYSICIAN AND/OR THE MEDICAL STAFF IN DEMANDING THIS DISCHARGE. I HEREBY RELEASE MY PHYSICIAN, THE HOSPITAL, AND ITS STAFF FROM ANY AND ALL RESPONSIBILITY.

(WITNESS)

(PATIENT SIGNATURE)

(DATE)

AM / PM
TIME(CIRCLE ONE)

I, _____, am taking, _____ from the Millcreek Community Hospital against the advice of his/her physician and/or the Medical Staff. In demanding this discharge, I hereby release his/her physician, the Hospital, and its staff from any and all responsibility for the care, treatment, or condition of the above named patient.

(WITNESS)

(SIGNATURE)

(DATE)

AM / PM
TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

FORM 1110

00000004



5515 Peach Street • Erie, PA 16509 • 814/864-4031

Millcreek Community Hospital

Dear Patient:

As you are admitted to the hospital (In-patient, Out-patient surgery, or Emergency Room), Federal Law now requires us to ask you whether or not you have a written document called an "Advance Directive". This document can be a "Living Will" or "Durable Power of Attorney" which states your wishes for medical treatment should you become unable to participate in your medical care.

The brochure given to you on an inpatient admission better explains what Advance Directives are and how you are given the opportunity to complete an Advance Directive statement, should you so desire to.

You are not obligated to complete an Advance Directive statement. If you would like further information, please inform hospital personnel during your admission process. Someone from the Social Services Department or Nursing will be happy to see you.

We appreciate your comments and interest in this area. Please sign the statement below as requested. Thank you!

INFORMATION ON ADVANCE DIRECTIVES WAS PRESENTED TO ME AS STATED ABOVE:

- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE DOCUMENT WITH ME AT THIS TIME.
- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE, BUT IT IS NOT WITH ME AT THIS TIME.
- ☒ I "DO NOT" HAVE AN ADVANCE DIRECTIVE DOCUMENT AT THIS TIME.
- ☐ I WOULD LIKE FURTHER INFORMATION ON COMPLETING AN ADVANCE DIRECTIVE AT THIS TIME.

(PATIENT SIGNATURE)

(DATE)

Providing total health care since 1950

FORM 1140

0000005

Name TYRONE GREENMILLCREEK COMMUNITY HOSPITAL
5515 Peach Street
Erie, PA 16509Date 8/27/01ORTHOPEDIC INSTRUCTIONS

- ☒ Keep your cast/dressings clean and dry.
- ☐ Do not put anything inside your cast/dressings.
- ☐ Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- ☒ Check toes and fingers frequently for swelling.
- ☒ Move toes and fingers frequently to prevent swelling and stiffening.
- ☐ Do not bear weight for _____ hours on a walking cast.
- ☐ Always wear cast boot when bearing weight on walking cast.
- ☒ Wear arm sling _____
- ☐ Use your crutches as directed and always bring them to every appointment.
- ☐ Never trim or cut down the length of your cast by yourself.
- ☒ Call Millcreek Community Hospital at (864-4031) if:
- Pressure points or rubbing develops under your cast.
 - Your exposed body area (fingers or toes) becomes numb or cool.
 - Your cast softens, cracks, or breaks.
 - You experience a significant increase in pain.
- ☐ You have a prescription for _____ take _____
- ☐ You have a clinic appointment at the hospital at 14:15 AM/PM on 9/5/01
- ☐ Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- ☐ Call the office (864-5455) today for an appointment for _____
- ☐ Your Attending Orthopedist is : _____
- ☐ No school until _____
- ☐ May return to school _____
- ☐ No Gym until released by Attending Orthopedist _____
- ☐ No work until released by Attending Orthopedist _____
- ☐ May return to work _____

☐ ADDITIONAL INSTRUCTIONS

Post / Ice / elevate

Form #630

0000006

Emergency Department Record

☐ Chart Complete

Time of Initial M.D./D.O. evaluation:

AM/PM Mode of arrival: ☐ Pvt. Auto ☐ Ambulance ☐ Police

PMD:

CC:

Dictated ☐
Bed Number:

Elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms

HPI: Patient is a old with complaint of:

31 y.o. transferred from Albion State Correctional
Facility - Hx of falling 2 days ago
x-comp at prison central fracture

PMH: ☐ No serious illness ☐ Old chart reviewed (date): / / ☐ A-fib ☐ Appy. ☐ Asthma ☐ CABG ☐ CAD ☐ CHF
☐ Cholecyst. ☐ COPD ☐ CVA ☐ HTN ☐ Hyperchol. ☐ IDDM ☐ NIDDM ☐ MI ☐ PTCA ☐ Seizures ☐ TIA
 LMP: / /
 Tetanus: yrs.

Meds: ☐ None ☒ Agree with triage listChildhood immunizations: ☐ UTDAllergies: ☒ NKDAFH: ☐ No related family hx

SOC: Tobacco:

ETOH:

Drugs:

Marital (circle): S M W D Occup:

Neg.	See HPI	REVIEW OF SYSTEMS (Circle Abnormals)	Neg.	See HPI	REVIEW OF SYSTEMS (Circle Abnormals)
<input checked="" type="checkbox"/>		CONST: fever - chills - wt. loss - weakness	<input checked="" type="checkbox"/>		MUSC: new bone or joint pain - back problems
<input checked="" type="checkbox"/>		EYES: acuity change	<input checked="" type="checkbox"/>		INTEG: skin lesions - rash
<input checked="" type="checkbox"/>		ENMT: hearing loss - earache - nasal drainage - sore throat	<input checked="" type="checkbox"/>		NEURO: syncope - focal weakness - HA - seizure - dizziness
<input checked="" type="checkbox"/>		RESP: SOB - cough - sputum - wheezing	<input checked="" type="checkbox"/>		PSYCH: prior psych hx - depression - anxiety
<input checked="" type="checkbox"/>		CV: chest pain - palpitations - PND - orthopnea	<input checked="" type="checkbox"/>		ENDO: polyuria - polydipsia
<input checked="" type="checkbox"/>		GI: nausea - vomiting - diarrhea - pain - melena - hematochezia	<input checked="" type="checkbox"/>		HEME/LYMPH: bruising - adenopathy
<input checked="" type="checkbox"/>		GU: dysuria - urgency - frequency - nocturia	<input checked="" type="checkbox"/>		ALLERGIC/IMMUNO: urticaria - hayfever

ROS Details:

☐ All Other Systems Negative ☐ Complete History Unobtainable Due to:

PHYSICAL EXAMINATION

☐ PE limited by acuity☐ See ED course for further PE

CONST: ☐ vitals nl, see triage T: 98.1 BP: 130 / 70 HR: 76 RR: 18
☒ well-developed, well nourished ☒ alert ☐ no distress ☐ GCS 15 ☐ non-toxic ☒ age-appropriate behavior

Abnl/Other:

EYES: ☐ lids, conjunctiva nl ☐ PERRL, irises nl ☐ discs & fundi nl

Abnl/Other:

ENMT: ☐ ext. ears, nose nl ☐ TM's, canals nl ☐ hearing grossly intact ☐ nasal exam nl ☐ lips, teeth, gums, palate nl ☐ oropharynx nl

Abnl/Other:

NECK: ☐ neck supple, symmetric, no masses ☐ thyroid nl ☐ no JVD ☐ neck nontender ☐ full ROM w/o pain

Abnl/Other:

RESP: ☒ respiratory effort nl ☐ clear to auscultation ☐ percussion nl ☐ palpation of chest nl ☐ chest symmetry & expansion nl

Abnl/Other:

CV: ☒ RRR; no murmur, gallop, rub Pulses: ☐ carotid nl ☐ abd. aorta nl ☐ femoral nl ☐ pedal nl ☐ no edema

Abnl/Other:

GI: ☐ no tenderness or mass ☐ liver & spleen nl ☐ no hernia ☐ rectal: no mass, HEME: ☐ +BS's ☐ nondistended ☐ no rebound/guarding

Abnl/Other:

GU: (male): ☐ scrotal contents nl ☐ penis nl ☐ prostate nl ☐ no CVA tenderness
 (female): ☐ ext. genitalia & vagina nl ☐ urethra nl ☐ bladder nl ☐ cervix nl ☐ uterus nl ☐ adnexa nl ☐ no CVA tenderness

Abnl/Other:

MUSC: Normal extremities: ☐ All ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ back nl ☐ pelvis & hips nl ☐ gait & station nl ☐ digits & nails nl

Abnl/Other:

diffuse swelling (D) hand capillary refills intact
 No neurological deficit

SKIN: ☐ inspection nl ☐ palpation nl ☐ well hydrated☐ Wound recheck: healing without infection

Abnl/Other:

LYMPH: Normal nodes: ☐ cervical ☐ other:

Abnl/Other:

NEURO: ☐ CN II-XII intact ☐ DTR's symmetric ☐ sensory intact
☐ motor strength nl ☐ straight leg raises neg.

Abnl/Other:

PSYCH: ☐ judgement/insight nl ☐ oriented x 3 ☐ memory nl ☐ mood nl
☐ no delusions ☐ no hallucinations ☐ no suicidal/homicidal intentions

Abnl/C

ER-002 12/99

MEDICAL RECORDS

0000007

All studies interpreted by ED Physician unless otherwise noted

Cardiac monitor:	<input type="checkbox"/> Normal sinus rhythm	<input type="checkbox"/> Other:								
12 lead EKG:	<input type="checkbox"/> NSR, no ischemic changes	<input type="checkbox"/> Other:								
Pulse Ox.:	% on	<input type="checkbox"/> Normal	<input type="checkbox"/> Low	Pulse Ox. 2:	% on	ABG:	pH	pO ₂	pCO ₂	HCO ₃
Radiographs:							<input type="checkbox"/>	E.D. M.D./D.O.	<input type="checkbox"/>	Radiologist
							<input type="checkbox"/>	E.D. M.D./D.O.	<input type="checkbox"/>	Radiologist

CBC: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities:		CHEM: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities:		NA _____	ALB _____	LDH _____	PT _____	INR _____	PTT _____
WBC _____		GLU _____	K _____	SGOT _____	CK _____		DIG _____		
HGB _____ % Segs _____		BUN _____	CL _____	SGPT _____	MB _____		TOX _____		
HCT _____ % Band _____		CR _____	CO2 _____	ALK PH _____	MB % _____		BLOOD ETOH _____		
PLT _____ % Lymphs _____			CA _____	Bilirubin _____	Amyl _____		OTHER: _____		
							Presepsor _____	Positive/Negative _____	

UA:	Stool guaiac: Positive/Negative	Pregnancy: Positive/Negative
UNSTABLE Critical care time:		minutes

ED Course, Procedures & Discussion:

UNSTABLE Critical care time:

minutes

TIME

X-ray

⊕ for proximal metacarpal 4th digit

④ small cavelsion f_{sc} , Mc base 5th digit

Time patient admitted to "Observation Status"

Case discussed with:

Time patient discharged from "Observation Status"

☐ Other procedures by MD: IV / IVP Dye / NG Tube / Bladder Cath / Blood Draw

PHYSICIAN ORDERS

TIME	LAB / X-RAY / EKG	NOTED TIME	INITIAL	TIME	MEDS / TREATMENTS	NOTED TIME	INITIAL
	<input type="checkbox"/> CBC <input type="checkbox"/> Met. Panel: (basic / comp.) <input type="checkbox"/> CXR (Port / 2V) <input type="checkbox"/> EKG <input type="checkbox"/> UA (dip / lab) <input type="checkbox"/> CARDIAC PROFILE <input type="checkbox"/> PREGNANCY (serum / urine) <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> DIG. <input type="checkbox"/> URINE TOX. <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> CT: <input type="checkbox"/> ULTRASOUND:				<input type="checkbox"/> IV: <input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> dt. .5cc IM		
	Orthopedic consult						

IMPRESSION: 1) Displaced fx proximal metacarpal 4th digit (R) hand
2) Small avulsion fx base 5th metacarpal (R) hand

DISPOSITION / AFTERCARE:

Physician Signature: _____

Follow-up with Dr(s):

in

days

Med:

☐ A.C. Sheets:

Other:

AUTHORIZATION

The patient was provided service & care as necessary to determine if an emergency medical condition existed. After appropriate care was provided to stabilize the patient's condition, the Healthcare Service Plan (HSP) was contacted to request payment authorization for post stabilization care. Initial telephone contact with HSP was made at _____ AM/PM. The case was discussed with _____

(medical group) at _____ AM/PM by _____

EA staff member _____

Payment for post stabilization care was:

Authorized for:

AUTH #

 Noi Authorized

The patient was: ☒ Discharged ☐ Admitted to:

☐ Unable to transfer to a stable condition

Transferred to:

yft

CONDITION:

☒ Improved ☒ Stable ☐ Unstable ☐ Critical

000000

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing **APPENDIX IN SUPPORT OF JOINT MOTION FOR SUMMARY JUDGMENT** was served via United States First-Class Mail, postage prepaid, this 9th day of December, 2005, upon:

Tyrone Green - EP-4593
SCI Smithfield
1120 Pike Street
P.O. Box 9999
Huntingdon, PA 16652

/s/ Elizabeth M. Yanelli
ELIZABETH M. YANELLI, ESQUIRE
Pa. I.D. No. 86932

PIETRAGALLO, BOSICK & GORDON LLP
The Thirty-Eighth Floor
One Oxford Centre
Pittsburgh, PA 15219
(412) 263-2000

*Attorney for Defendants,
Mark Baker, D.O. and
Dan Telega, P.A.*